

## FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR A FORTHY, FORTHY OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE CASE OF US v.s. Roston

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Ellsworth Roston

CHARGE/OFFENSE (describe if applicable &amp; check box →)

☒ Felony  
☐ Misdemeanor

- 1 ☐ Defendant—Adult  
 2 ☐ Defendant - Juvenile  
 3 ☐ Appellant  
 4 ☐ Probation Violator  
 5 ☐ Parole Violator  
 6 ☐ Habeas Petitioner  
 7 ☐ 2255 Petitioner  
 8 ☐ Material Witness  
 9 ☐ Other

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	
		Name and address of employer: _____	IF NO, give month and year of last employment _____
		IF YES, how much do you earn per month? \$ _____	How much did you earn per month? \$ <u>2003</u> <u>1-82/20</u>
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED
			SOURCES
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE DESCRIPTION

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
		<input type="checkbox"/> SINGLE	<u>0</u>	_____	
		<input type="checkbox"/> MARRIED			
		<input type="checkbox"/> WIDOWED			
		<input type="checkbox"/> SEPARATED OR DIVORCED			
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)[Signature]